

UNITED STATES BANKRUPTCY COURT <u>Southern</u> DISTRICT OF <u>New York</u>		PROOF OF CLAIM
Name of Debtor Allegiance Telecom, Inc , et al		Case Number 03-13057
NOTE This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 USC § 503. FILE		
Name of Creditor (The person or other entity to whom the debtor owes money or property) Montgomery County, Maryland		U.S. BANKRUPTCY COURT SOUTHERN DISTRICT OF NEW YORK ALLEGANCE TELECOM, INC 03-13057 (RRD) 231 REC'D JUL 21 2003 THIS SPACE IS FOR COURT USE ONLY
Name and address where notices should be sent County Attorney's Office Montgomery County 101 Monroe Street Rockville, MD 20850 Telephone number 240-776 6770		
Account or other number by which creditor identifies debtor 600400590		Check here <input type="checkbox"/> replaces a previously filed claim, dated _____ <input type="checkbox"/> amends
1 Basis for Claim <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input type="checkbox"/> Money loaned <input type="checkbox"/> Personal injury/wrongful death <input checked="" type="checkbox"/> Taxes <input type="checkbox"/> Other _____		
<input type="checkbox"/> Retiree benefits as defined in 11 USC § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Your SS # _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2 Date debt was incurred 7-1-99		3 If court judgment, date obtained
4 Total Amount of Claim at Time Case Filed \$ 6,332.11		
If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below <input checked="" type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.		
5 Secured Claim <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff) Brief Description of Collateral <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other _____ Value of Collateral \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____		6 Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured priority claim Amount entitled to priority \$ _____ Specify the priority of the claim <input type="checkbox"/> Wages salaries or commissions (up to \$4 650) * earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 USC § 507(a)(3) <input type="checkbox"/> Contributions to an employee benefit plan 11 USC § 507(a)(4) <input type="checkbox"/> Up to \$2 100* of deposits toward purchase lease or rental of property or services for personal family or household use - 11 USC § 507(a)(6) <input type="checkbox"/> Alimony maintenance or support owed to a spouse former spouse or child 11 USC § 507(a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units 11 USC § 507(a)(8) <input type="checkbox"/> Other Specify applicable paragraph of 11 USC § 507(a)(____) *Amounts are subject to adjustment on 4/1/04 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment
7 Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 8 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary. 9 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.		THIS SPACE IS FOR COURT USE ONLY
Date 7/10/03	Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Nadean Pedersen, Asst. Cty. Atty., Montgomery Co., MD	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18



ALLEGIANCE TELECOM, INC
Account No 600400590
1999 Personal Property Taxes

\$1,112 44
\$3,910 94
\$1,308 73

Total **\$6,332 11**



- Action
- History
- Detail
- Orig Bill
- Quick Scan
- Specific Bill
- X=Customer
- Y=Parcel
- Z=Name
- Exit
- Preferences

Year	Type	Bill #	Cust #	Notes/SC	Bill Name	Ph
1999	PP-A	99529169	368795		ALLEGIANCE TELECOM, INC	
Parcel ID		60040059			C/O ARTHUR ANDERSON LLP	
Prop ID		600400590			P O BOX 50748	
Prop Loc		DALLAS TX 75250				

	Int Dt	Billed	Abt/Adj	Pmt Crd	Interest	Unpaid bal
1	03/31/01	635 45	00	00	465 99	1 101 44
2						
3						
4						
Fees/Pen		00	00	00	00	00
Totals		635 45	00	00	465 99	1 101 44

JUL 1 Owner	ALLEGIANCE TELECOM	Due 05/14/2003	1,101 44
		Next Month Due	1 112 03
		Int Paid	00



Inbox - Microsoft Outlook | caoffice@172.29.21.44.0 | BILL INQUIRY - MONTG

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Year	Type	Bill #	Cust #	Notes/SC	Bill Name	Ph
1999	PP-A	99529170	368795		ALLEGIANCE TELECOM, INC	
		Parcel ID	60040059		C/O ARTHUR ANDERSON LLP	
		Prop ID	600400590	38	P O BOX 50748	
		Prop Loc			DALLAS, TX 75250	

	Int Dt	Billed	Abt/Adj	Pmt/Crd	Interest	Unpaid bal
1	03/31/01	2 256 31	00	00	1654 63	3 910 94
2						
3						
4						
Fees/Pen		00	00	00	00	00
Totals		2 256 31	00	00	1654 63	3,910 94

JUL 1 Owner	ALLEGIANCE TELECOM,	Due 05/14/2003	3 910 94
		Next Month Due	3 948 54
		Int Paid	00



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3 35 PM



Action

History

Detail

Orig Bill

Quick Scan

Specific Bill

X=Customer

Y=Parcel

Z=Name

Exit

Preferences

Year Type Bill # Cust # Notes SC Bill Name Ph |

1999 PP-A 99529171 368795 ALLEGIANCE TELECOM, INC

Parcel ID 60040059 C/O ARTHUR ANDERSON LLP

Prop ID 600400590 50 P O BOX 50748

Prop Loc DALLAS TX 75250

	Int Dt	Billed	Abt/Adj	Fmt Crd	Interest	Unpaid bal
1	03/31/01	755 03	00	00	553 70	1 308 73
2						
3						
4						
	Fees/Pen	00	00	00	00	00
	Totals	755 03	00	00	553 70	1 308 73

JUL 1 Owner ALLEGIANCE TELECOM Due 05/14/2003 1 308 73

Next Month Due 1 321 31

Int Paid 00

